

DATA ASSESSMENT

Date
Type of Entity: (Agency, Bureau, Department, Division, Facility, Section, Unit)
Name of Entity:
Your Name
Phone Number
E-mail Address
Fax Number

PURPOSE:

The purpose of this assessment is to identify how Personally Identifiable Information (PII) is collected, stored, protected, shared and managed. PII includes all protected and non-protected information that identifies, or can be used to identify, locate, or contact (or impersonate) an individual. Examples include: individual's home address, phone and FAX numbers, credit and debit card numbers, mother's maiden name, Social Security Number, fingerprint(s), Driver's License Number, full face photographic images, certificate numbers, medical record numbers, etc.

Understanding information exchanges and data flows helps each Executive Branch department distinguish information that will be the subject of privacy policy and procedure development efforts. Also, the assessment will help you understand the information that is managed by your department in order to identify data that require privacy protection.

SECTION 1: DATA COLLECTION AND DISCLOSURE

1.1 Which data is collected?

Check all the data elements that your entity is collecting, transmitting, using, retrieving, and/or storing. If you collect any data elements that are not listed below that you believe are PII, contact the Department Privacy Officer or State of WV Privacy Office ([hyperlink to email address](#)) for guidance on entering those data elements in the appropriate table below. CHECK ALL THAT APPLY.

A. PERSONAL CONTACT INFORMATION

Data Element	Data Sources	Storage Format
<input type="checkbox"/> E-mail Address	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Home Address	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

<input type="checkbox"/> Home Phone Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Cell Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Fax Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> IP Address (Website)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Web Universe Resource Locators (URLs)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

B. UNIQUE IDENTIFIERS

<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Driver's License Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Vehicle Registration plate number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Biometric Identifiers (For example: fingerprints, iris scans)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Full face photographs and comparable images (tattoos)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> National Identification Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database	<input type="checkbox"/> Paper <input type="checkbox"/> Verbal

	<input type="checkbox"/> Other	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

C. DEMOGRAPHIC INFORMATION

<input type="checkbox"/> Birth Date or Age	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> PII regarding family	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Maiden name	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
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D. FINANCIAL INFORMATION

<input type="checkbox"/> Bank Account Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Bank Routing Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Name of banking institution	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Credit Card Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Debit Credit Card Number	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father,	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

	Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	
<input type="checkbox"/> Other Account Numbers	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

E. LEGAL/OTHER INFORMATION

<input type="checkbox"/> Criminal Record	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Background Check	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

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F. MEDICAL INFORMATION

<input type="checkbox"/> Individually identifiable health information	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
If yes, please specify if you gather these records: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> HIV/AIDS		
<input type="checkbox"/> Aggregated, non-identifiable health information	<input type="checkbox"/> Individual <input type="checkbox"/> Third Party (i.e. Father, Mother, Attorney) <input type="checkbox"/> Database <input type="checkbox"/> Other	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic

1.2 Data Sharing and Disclosure

To assess the level of privacy-related exposure, please check all the individuals and organizations to which PII is shared.

How is PII shared?	How is PII transmitted or Disclosed:
<input type="checkbox"/> Within your department	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Between your department and another department in state government	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Customer (external, non-vendor customer)	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Supplier, Contractor, or Vendor	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)

<input type="checkbox"/> Law Enforcement Agency (specify):	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Judicial or Administrative Process	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Local government (e.g., city, county)	<input type="checkbox"/>
<input type="checkbox"/> Federal governmental agency	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify)

Is a Business Associate Agreement (BAA), Memorandum of Understanding (MOU), contract, or agreement in place with any internal/external organization(s) with whom PII is shared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If existing BAA, MOUs, contracts, or agreements allow access to PII, are there notification measures in place when a breach involving PII occurs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2: PRIVACY COMPLIANCE

The purpose of this section is to ensure compliance with privacy principles which serve as the foundation of the privacy program.

2.1 Notice

Privacy laws, as well as the Executive Branch Privacy Principles, require that customers and employees receive a privacy notice when PII is collected directly from them. A privacy notice describes why data is collected and how it will be used.

Does your entity always provide a privacy notice when PII is collected from employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity always provide a privacy notice when data is collected from customers or individuals served by WV state government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is it provided: <input type="checkbox"/> Online <input type="checkbox"/> Paper <input type="checkbox"/> Other (specify):		

2.2 Consent and Authorization

An entity should not collect, use, or disclose PII in a manner inconsistent with its Notice, unless it has first obtained the individual's permission for the use or disclosure, except as required for the protection of public health and safety.

Does your entity have a policy that require an individual's, or where appropriate, his or her representative's consent to collect PII??	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity use or disclose PII not listed in the Privacy Notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.3 Individual Rights

An individual should be afforded the ability to access and request an amendment of the information an entity maintains and, if such amendment is not undertaken, request that the information be notated.

Are employees allowed to access their PII?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, can they request an amendment of their PII?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the public allowed to access their PII?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, can the public request an amendment of their PII?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are privacy complaint and/or appeal procedures established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.4 Security Safeguards for PII

An entity must implement the appropriate management, operational and technical controls to preserve the privacy, confidentiality, integrity and availability of PII.

Are employees granted access to PII based on their responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is access to PII revoked in a timely manner from users that change job functions or leave the entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity verify the identity of individuals (employees and public) accessing PII?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity have measures in place to ensure password security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity have measures in place to ensure security/confidentiality of PII during transmission over public communication lines, such as e-mail, and within your entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there policies and procedures in place to identify and respond to security breaches or disclosures of PII in error?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all employees in your entity signed confidentiality agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity have record retention and disposal policies/schedules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.5 Minimum Necessary and Limited Use

The collection, use and disclosure of PII should be limited to the entity’s legal authority, purpose and the minimum necessary to perform legally permitted tasks as set forth in the Privacy Notice.

Is the collection of PII limited to your entity’s legal authority and the minimum necessary to perform the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your entity have policies and/or procedures in place to control employee and others’ access to PII to that which is minimally necessary to complete the legally permitted task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.6 Accountability

Each entity is responsible for PII in its possession or custody and shall designate a Privacy Official who is accountable for integrating Executive Branch Privacy Principles, legal requirements, privacy policies and procedures.

Is there a department privacy officer in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are in a large entity, such as the Department of Administration, are privacy coordinators or contacts in place throughout the entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 3: PRIVACY REQUIREMENTS (THIS SECTION IS TO BE COMPLETED BY DEPARTMENT LEGAL COUNSEL OR DESIGNEE)

Scope

There are approximately 30 federal and state privacy laws governing the Executive Branch’s collection, use, disclosure and retention of personally identifiable information (PII). Additionally, there may be specific laws or rules which govern the use, disclosure and retention of PII for your entity which are not on the list. Each Department’s designated attorney or designee should complete this section of the assessment by reviewing each law to determine its application to his or her Entity. If a law applies to the Entity, the attorney should indicate the same by clicking on the box. If you wish to supplement this list, please add your citations to the bottom of the list.

Information regarding the privacy laws, along with links to the specific laws are listed. The Privacy Requirements identify and provide information about the privacy laws impacting the enterprise. To the extent that a Department has additional privacy laws or other privacy requirements, they should be delineated in the last box named “other”; the legal citation to any additional laws or requirements should be included.

Which specific legal authorities apply to your Department? Please check all that apply:

Name	Citation	Privacy Requirement Reference Number
FEDERAL		
<input type="checkbox"/> Cable Communications Policy Act (CCPA)	47 U.S.C. § 551; Pub. L. 98-549	1.14
<input type="checkbox"/> Children’s Online Privacy Protection Act (COPPA)	15 U.S.C. § 6501; 16 C.F.R. § 312	1.13
<input type="checkbox"/> Computer Fraud and Abuse Act of 1986 (CFAA)	18 U.S.C. § 1030	1.17
<input type="checkbox"/> Confidentiality of Substance Abuse Records	42 U.S.C. § 290dd-2; 42 C.F.R. pt. 2	1.5
<input type="checkbox"/> Controlling the Assault of Non-Solicited Pornography and Marketing Act of 2003, “CAN-SPAM Act”	15 U.S.C. § 7701	1.11
<input type="checkbox"/> Driver’s Privacy Protection Act	18 U.S.C. § 2721	1.9
<input type="checkbox"/> Fair Credit Reporting Act	15 U.S.C. § 1681 <i>et seq.</i>	1.7
<input type="checkbox"/> Family Educational Rights and Privacy Act of 1974 (FERPA)	20 U.S.C. § 1232g; 34 C.F.R. pt. 99	1.8
<input type="checkbox"/> Gramm-Leach Bliley Act (GLBA)	15 U.S.C. § 6801 6809 16 C.F.R. § § 313, 314	1.6
<input type="checkbox"/> Gramm-Leach Bliley Act (GLBA), “Safeguards Rule”	15 U.S.C. § 6801-09; 16 C.F.R. § 314	1.6.1
<input type="checkbox"/> Health Insurance Portability and Accountability Privacy Rule	45 C.F.R. § § 160, 164	1.4
<input type="checkbox"/> Health Insurance Portability and Accountability Security Rule	45 C.F.R. § 164.302- 164.318	1.4.1
<input type="checkbox"/> Junk Fax Prevention Act of 2005	47 U.S.C. § 227(b)(1)(C)	1.12
<input type="checkbox"/> National Crime and Privacy Compact (NCPPC)	Public Law 105-251(S.2022	
<input type="checkbox"/> Omnibus Reconciliation Act of 1990,	§ 2201(c) 42 U.S.C. § 405(c)(2)(C)(viii)(I).	1.3
<input type="checkbox"/> Privacy Act of 1974, Section 7	5 U.S.C. § 552a	1.1
<input type="checkbox"/> Tax Reform Act of 1976	42 U.S.C. § 405(c)(2)	1.2
<input type="checkbox"/> Telemarketing Sales Rules	16 C.F.R.pt. 310	1.10
<input type="checkbox"/> U.S. Patriot Act	50 U.S.C. § 1861; 18 U.S.C. § 2702; Pub. L. 107-56	1.16
<input type="checkbox"/> Video Privacy Protection Act	18 U.S.C. § 1861; 18 U.S.C. § 2710; Pub. L. 107-56	1.15

Name	Citation	Privacy Requirement Reference Number
WEST VIRGINIA		
<input type="checkbox"/> Bureau for Child Support Enforcement, Confidentiality	W.Va. Code §§ 48-18-131,122	2.13
<input type="checkbox"/> Confidentiality and Disclosure of Tax Returns and Return Information	W. Va. Code § 11-10-5d, 110 W. Va. C.S.R. 10.	2.9
<input type="checkbox"/> Consumer Credit and Protection Act, General Consumer Protection	W. Va. Code § 46A-6-101 <i>et seq.</i>	2.11
<input type="checkbox"/> Duties of the W. Va. Chief Technology Officer re. security of government information.	W. Va. Code §5A-6-4a	
<input type="checkbox"/> Governor Manchin Privacy and Security Executive Order	Executive Order No. 6-06 (August 16, 2006)	2.1
<input type="checkbox"/> Freedom of Information Act	W. Va. Code § 29B-1-1 <i>et seq.</i>	2.2
<input type="checkbox"/> Maxwell Governmental Access to Financial Records Act	W. Va. Code § 31A-2A-1 <i>et seq.</i>	2.8
<input type="checkbox"/> Records Management and Preservation of Essential Records Act	W. Va. Code §§ 5A-8-21, 22	2.3
<input type="checkbox"/> State Health Privacy Laws		2.6
<input type="checkbox"/> The Emergency Medical Services Act	W.Va. §16-4C-1 <i>et seq.</i> ; 64 W. Va. C.S.R. 27-10.2.c.	2.14
<input type="checkbox"/> Uniform Electronic Transactions Act,	W. Va. Code §39A-2-1 <i>et seq.</i>	2.5
<input type="checkbox"/> Uniform Motor Vehicle Records Disclosure Act	W. Va. Code 17A-2A-1 to 14	2.10
<input type="checkbox"/> W. Va. Dept. of Admin., Information Services and Communications Division	W. Va. Code §5A-7-1 <i>et seq.</i> §5A-7-11	2.4
<input type="checkbox"/> W.Va. Computer Crime and Abuse Act	W.Va. Code § 61-3C-1 <i>et seq.</i>	2.12
<input type="checkbox"/> West Virginia Health Information Network	W. Va. Code §16-29G-1 <i>et seq.</i>	2.7
<input type="checkbox"/> W. Va. Insurance Commissioner Rule, "Privacy of Consumer Financial and Health	114 W. Va. C.S.R. § 57; 114 W. Va. C.S.R. § 62 W. Va. Code § 33-6F-1	2.15
OTHER		
<input type="checkbox"/> Vendor Confidentiality Requirements		2.17
<input type="checkbox"/> HIPAA compliant Business Associate Agreements	45 C.F.R. § 164.504(e)	2.16
<input type="checkbox"/> Payment Card Industry Security Standards (PCIDSS)		3.0
<input type="checkbox"/> Other (Please indicate privacy law(s) applicable to your department not listed above):		

